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ORIGINAL ARTICLE



Wearing of examination gloves and hygiene practice among dermatologists: A national survey

Port de gants d'examen et pratiques d'hygiène chez les dermatologues : enquête nationale

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KEYWORDS

Examination gloves;
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Summary

Introduction. — Touch is essential for dermatologists. Differences in practice, such as whether or not to wear examination gloves, may be seen among dermatologists. To investigate this approach and its associated factors, we conducted a national survey to study hygiene measures and the wearing of gloves among dermatologists, e.g. wearing a coat, hand washing between patient visits, hand shaking and past history of infectious disease transmitted by patients. The context and circumstances in which gloves were worn was studied.

Results. — Four hundred and seventy-four dermatologists responded to the survey (median age: 52 years). Most dermatologists reported wearing examination gloves as follows: always (21%, $n = 99$), occasionally (76%, $n = 359$), never (3%, $n = 13$). Most physicians reported wearing a coat (91%, $n = 419$) and routinely washing their hands after examination (53%, $n = 241$). A minority of physicians reported shaking hands (36%, $n = 163$). A significant number of dermatologists reporting that they wore examination gloves were younger and female, and these practitioners also washed their hands more frequently. The most common reason cited by dermatologists wearing gloves "occasionally" was patient hygiene (71%, $n = 256$) rather than infectious skin disease (52%, $n = 186$). This practice was ascribable more to concerns by dermatologists about protecting themselves (78%, $n = 270$) rather than protecting patients (51%, $n = 169$). Finally, it was felt that wearing gloves impaired neither the quality of clinical examination (52%, $n = 173$) nor relations with patients (49%, $n = 160$).

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Conclusion. – Although wearing gloves is not recommended for examining unbroken skin, most of the respondents reported wearing examination gloves during their consultations. Wearing of gloves was associated with more frequent hygiene measures (hand washing, no handshaking) and was based on concern for self-protection.

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MOTS CLÉS

Gants d'examen ;
Hygiène

Résumé

Introduction. – Le toucher est indispensable à l'examen dermatologique. L'observation des pratiques dans un service de dermatologie nous a amenées à nous interroger sur les différences d'habitudes quant au port de gants d'examen. Un questionnaire a été élaboré afin de sonder les dermatologues sur leurs habitudes en la matière, ainsi que leurs pratiques d'hygiène et les facteurs liés au port des gants.

Matériel et méthodes. – Le questionnaire était adressé aux 1870 dermatologues membres de la Société française de dermatologie (SFD). Il portait sur les caractéristiques démographiques habituelles, sur le caractère systématique ou non du port de gants d'examen, du port de la blouse, du lavage des mains entre chaque patient, de la poignée de mains ainsi que sur les antécédents de contamination présumée à partir d'un patient. Le contexte et les circonstances du port de gants étaient également recueillis.

Résultats. – Quatre cents soixante-quatorze dermatologues ont répondu ; leur âge médian était de 52 ans. Une majorité d'entre eux déclaraient porter des gants d'examen : toujours (21 %, $n=99$) ou parfois (76 %, $n=359$) (jamais 3 %, $n=13$) ; porter une blouse d'examen (91 %, $n=419$) ; se laver systématiquement les mains entre deux patients (53 %, $n=241$). Une minorité déclaraient toujours serrer la main des patients (36 %, $n=163$). Les dermatologues portant des gants étaient significativement plus jeunes et de sexe féminin ; ils se lavaient plus souvent les mains. Parmi ceux portant « parfois » des gants, le choix d'en porter était plus fonction de l'hygiène du patient (71 %, $n=256$) que du risque contagieux de la dermatose (52 %, $n=186$) ; l'objectif était plus de se protéger (78 %, $n=270$) que de protéger le patient (51 %, $n=169$) ; enfin ni la qualité de l'examen clinique (52 %, $n=173$) ni celle de la relation avec le patient (49 %, $n=160$) n'étaient considérées comme altérées par le port de gants.

Conclusion. – Alors que le port de gants n'est pas recommandé pour l'examen de la peau non lésée, une grande majorité des dermatologues interrogés déclaraient porter des gants d'examen lors de leurs consultations. Ce port de gants est associé à des pratiques d'hygiène plus fréquentes (lavage de mains, absence de poignée de mains) et présente un caractère auto-protecteur.

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Touching with the hands is a vital part of dermatological practice. It provides information on the characteristics of skin lesions that supplements the information obtained by visual inspection. Amongst other things, it provides information on the depth of lesions, whether they are infiltrated or papular, whether they are soft or hard, and on how rough they are to the touch. Clinical examinations by dermatologists involved in the entire integument, including skin folds and areas of mucous membrane accessible without instruments. Observation of practices within a dermatology department led us to wonder about different approaches regarding the wearing of examination gloves.

A questionnaire was devised to analyze habits concerning glove wearing and hygiene practices among dermatologists, as well as the factors associated with glove wearing.

Materials and methods

In January 2015, a questionnaire designed on the Survey Monkey[®] survey site was sent out to all dermatologists belonging to the French Dermatology Society (Société française de dermatologie – SFD) ($n=1870$), whether in hospital or private practice. Two further reminders were sent.

The questionnaire contained 19 questions concerning: (1) the demographic characteristics of the dermatologists (age, sex, type and duration of practice, and whether hospital, private or, mixed practice); (2) the frequency of glove wearing (always, occasionally or never); (3) the circumstances under which gloves were worn (examination of certain anatomic areas such as mucosa, fear of transmission of infections such as scabies, viral, bacterial or fungal

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